



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Ferral L. Endsley, D.O.

Respondent Name

Insurance Company of the State of PA

MFDR Tracking Number

M4-16-1157-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

January 4, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I billed a total of \$600.00 for the impairment rating – three musculoskeletal body areas and one for mental/behavioral disorders. We were only reimbursed for the office visit, \$109.51."

Amount in Dispute: \$600.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier initially paid \$109.51 back on 10/30/2015. The bill has been re-audited and has recommended that an additional \$300 is owed."

Response Submitted by: AIG

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 24, 2015	Treating Doctor Examination to Determine Maximum Medical Improvement & Impairment Rating	\$600.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - Workers' compensation jurisdictional fee schedule adjustment.
 - The charge for the procedure exceeds the amount indicated in the fee schedule.
 - Previously paid. Payment for this claim/service may have been provided in a previous payment.
 - This bill is denied as a duplicate.
 - The provider has billed for the exact services on a previous bill.

Issues

1. What is the maximum allowable reimbursement (MAR) for the disputed services?
2. Is the requestor entitled to additional reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.204(j)(3),

The following applies for billing and reimbursement of an MMI evaluation.

- (A) An examining doctor who is the treating doctor shall bill using CPT Code 99455 with the appropriate modifier.
 - (i) Reimbursement shall be the applicable established patient office visit level associated with the examination.
 - (ii) Modifiers "V1", "V2", "V3", "V4", or "V5" shall be added to the CPT code to correspond with the last digit of the applicable office visit.

The submitted documentation supports that the requestor performed an evaluation of Maximum Medical Improvement and billed procedure code 99455 with modifier V3. Modifier V3 corresponds with the established patient office visit represented by procedure code 99213. Reimbursement for this code is determined in accordance with 28 Texas Administrative Code §134.203.

28 Texas Administrative Code §134.203(c) states,

To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

- (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83...
- (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year...

The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. The Division conversion factor for 2015 is \$56.20.

For procedure code 99213 on September 24, 2015, the relative value (RVU) for work of 0.97 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.970000. The practice expense (PE) RVU of 1.01 multiplied by the PE GPCI of 0.920 is 0.929200. The malpractice (MP) RVU of 0.06 multiplied by the MP GPCI of 0.822 is 0.049320. The sum of 1.948520 is multiplied by the Division conversion factor of \$56.20 for a MAR of \$109.51.

28 Texas Administrative Code §134.204(j)(4)(D) states that:

- (i) Non-musculoskeletal body areas are defined as follows:
 - (I) body systems;
 - (II) body structures (including skin); and,
 - (III) mental and behavioral disorders.
- (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides...
- (v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150.

Review of the submitted documentation finds that the requestor performed impairment rating evaluations of the face and skull, a cognitive disorder, a seizure disorder, hearing, and a visual field deficit. The submitted narrative states that the requestor used "Table 2, Class 2 on page 280" of the *AMA Guides to the Evaluation of Permanent Impairment* (fourth edition), (AMA Guides), to determine impairment for the face and skull. This table is found in the chapter titled "The Skin" in the AMA Guides. The narrative further indicates that the requestor used the chapter for "The Nervous System" to determine the impairment for the cognitive

disorder and the seizure disorder. The AMA Guides places impairment for hearing in the “Ear, Nose, Throat, and Related Structures” chapter. The AMA Guides places impairment for a visual field deficit in “The Visual System” chapter. The division finds no musculoskeletal body areas rated in the submitted documentation.

28 Texas Administrative Code §134.204(j)(4)(A) states, “The HCP shall include billing components of the IR evaluation with the applicable MMI evaluation CPT code. The number of body areas rated shall be indicated in the units column of the billing form.” Review of the submitted HICF Form 1500 finds that the requestor billed for 1 unit. Therefore, the MAR for these examinations is \$150.00.

2. The total MAR for the disputed services is \$259.51. The insurance carrier paid a total of \$259.51. No further reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____ Signature	<u>Laurie Garnes</u> Medical Fee Dispute Resolution Officer	<u>February 29, 2016</u> Date
--------------------	--	----------------------------------

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.